

Screening Pregnant Women for Hepatitis B Surface Antigen (HBsAg)

All pregnant women should be:

1. **Routinely tested** for HBsAg during an early prenatal visit (e.g., first trimester) in each pregnancy, even if they have been previously vaccinated, tested **or identified as chronically infected**
2. **Assessed** for risk of hepatitis B virus (HBV) infection
3. **Informed** of HBsAg results and advised to notify delivery staff
4. **Counseled** on methods to prevent HBV transmission and vaccinated if high-risk
5. **Retested** upon admission to birthing facility if they are HBsAg-negative and high-risk for HBV infection
(e.g., an immigrant from an endemic area, more than one sex partner in the previous 6 months, evaluated or treated for a sexually transmitted disease, a partner of or a recent or current injection-drug user, a household or sexual contact of an HBsAg-positive person, incarcerated, hemodialysis patient, or had clinical hepatitis since previous testing)
6. **Provided** or referred for Tdap and Flu vaccine
7. **If HBsAg-positive**
 - **Reported** to the local health department (LHD) in the county where patient resides within 24 hours of diagnosis (even if they were previously reported due to chronic infection)
 - **Provided** or referred for medical evaluation
 - **Referred** for case-management, to ensure their infants, household and sexual contacts receive appropriate prophylaxis, testing and follow-up to prevent HBV infection - **NEW electronic fax 517-763-0470.**
8. **Reported** to the labor and delivery unit by transmitting information regarding care during pregnancy, by recording HBsAg test results on all forms, and by transferring a copy of the original HBsAg laboratory report for this pregnancy

If you have questions, please call the Perinatal Hepatitis B Prevention Program (PHBPP) at 517-388-4815, 517-897-3236, 517-242-8319, or go to www.michigan.gov/hepatitisB.

Section 333.5123 of Michigan's Public Health Code declares: "A physician or an individual otherwise authorized by law to provide medical treatment to a pregnant woman shall take or cause to be taken, at the time of the woman's initial examination, test specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing tests approved by the department for venereal disease (syphilis), HIV or an antibody to HIV, and for hepatitis B. If, when a woman presents at a health care facility to deliver an infant or for care in the immediate postpartum period having recently delivered an infant outside a health care facility, no record of results from the tests required by this subsection is readily available to the physician or individual otherwise authorized to provide care in such a setting, then the physician or individual otherwise authorized to provide care shall take or cause to be taken specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing department approved tests for venereal disease (syphilis), for HIV or an antibody to HIV, and for hepatitis B. This subsection does not apply if, in the professional opinion of the physician or other person, the tests are medically inadvisable, or the woman does not consent to be tested."